



CITY OF STOCKTON
 425 N. El Dorado • Stockton, CA 95202-1997
 Telephone (209) 937-8313 • FAX (209) 937-7184
BUSINESS LICENSE APPLICATION

License No.: _____
 Control No. _____
 P-A-I-D No. _____

NOTE: Any change in ownership, address or business activity, requires a new application.

THE CITY OF STOCKTON DOES NOT GUARANTEE THAT INFORMATION ON THIS FORM WILL BE EXEMPT FROM DISCLOSURE UNDER THE PUBLIC RECORD ACT.

☐ NEW ☐ CHANGE FROM: ☐ PENDING

Enterprise Zone: ☐ YES ☐ NO

NO. OF EMPLOYEES: FULL TIME: _____ PART TIME: _____

P# _____ FOR CITY USE ONLY

SMC Code Section _____

Business Classification _____

SINC# _____ BOE# _____

Home Occupation Permit May Be Required ☐

Home Occupation Permit # _____ Date Issued: _____

T.O.T. Cert. # _____

1. Business Name (dba) _____ Bus. Phone (____) _____

2. Business Address _____ Suite # _____ City _____ Zip _____
 (if property rental, give property address)

3. Business Mailing Address _____ Suite # _____ City _____ Zip _____

4. Owner of Property Where Business is Located: _____

5. Business Activity (Describe exactly what you are being licensed to do) _____

6. Estimated Monthly Gross Receipts in Stockton \$ _____ or: 7. Total Project Amount \$ _____

8. Type of Organization (Check One) Single Owner ☐ (fill in #9, skip #10) Partnership ☐ (fill in #9, skip #10) Corporation ☐ (fill in #10, skip #9)

9. Owner's Name _____ Home Street Address _____

City _____ Zip _____ Home Phone (____) _____

Soc. Sec. # _____ Date of Birth _____ Driver's License or I.D.# _____ State _____

Additional owners may be listed on back of this page

10. Name of Corporation _____

List Corporate Officers on the back of this page

11. Federal ID# _____ 12. State ID# _____

13. Manager's Name _____ 14. Contractor's State License No. _____ Exp. Date _____

15. Start Date of Business in Stockton _____ 16. Date Property Purchased (if applying for rental property license) _____

17. Seller's Permit # _____

*****ALTERED APPLICATIONS WILL NOT BE ACCEPTED*****

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

 Date:

 Date:

(AUTHORIZED SIGNATURE)

(AUTHORIZED SIGNATURE)

FOR CITY USE ONLY

Prior Business at this address _____ OL# _____

Activity _____ Date Closed _____

Processed By: _____ Date _____

DEPT/DIV CHECKED MUST APPROVE OR DENY

AUTHORIZED SIGNATURE REQUIRED

DEPT/DIV CHECKED MUST APPROVE OR DENY	AUTHORIZED SIGNATURE REQUIRED	AMOUNT	
		ANNUAL REGISTRATION TAX	
<input type="checkbox"/> PLANNING DIVISION DATE: _____ APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>		MILL TAX	
<input type="checkbox"/> BUILDING DIVISION DATE: _____ APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>		FLAT RATE	
<input type="checkbox"/> FIRE DEPARTMENT DATE: _____ APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>		PENALTY	
<input type="checkbox"/> POLICE DEPARTMENT DATE: _____ APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>		PRIOR YEAR(S) FEES	
<input type="checkbox"/> OTHER DIVISION DATE: _____ APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>		TOTAL DUE	
		EXPIRATION DATE	

PLEASE READ AND SIGN THE BACK SIDE OF THIS PAGE

FOR OFFICE USE ONLY

Control # _____

APN # _____

Location ID # _____

9. Additional Owners

Owner's Name _____ Home Street Address _____

City _____ Zip _____ Home Phone (____) _____

Soc. Sec. # _____ Date of Birth _____ Driver's License or I.D.# _____ State _____

Owner's Name _____ Home Street Address _____

City _____ Zip _____ Home Phone (____) _____

Soc. Sec. # _____ Date of Birth _____ Driver's License or I.D.# _____ State _____

10. List of Corporate Officers

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

The Issuing of your Business License is for revenue purposes only. It does not relieve you from the responsibility of complying with the requirements of any other department of the City of Stockton and/or any other ordinance, law or regulation of the City of Stockton, State of California, or any other governmental agency.

Business Licenses are not transferable. All Business Licenses must be renewed by the 31st of January each year, whether or not you receive a renewal notice.

If you are no longer conducting business in the City of Stockton you must notify us in writing. State the date you ceased work in the City of Stockton, sign the notification, and mail or deliver to our office.

Any questions regarding Business License Taxes should be directed to the Administrative Services Department, Revenue Services Unit, 425 N. El Dorado St., Stockton, CA 95202-1997, or by telephoning (209) 937-8313, Monday through Friday, during regular business hours 8:00 a.m. to 4:00 p.m.

I have read and understand the above.

(Authorized Signature)

(Authorized Signature)

(Authorized Signature)

REMEMBER: TO PRINT A COPY FOR YOUR RECORDS